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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2005

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2005 calendar year, or tax year beginning _____, and ending _____

B Check if applicable

Address change

Name change

Initial return

Final return

Amended return

Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization

Hotel and Restaurant Employees Local Bartenders International 165 Local

Number and street (or P O box if mail is not delivered to street address) Room/suite

P.O. Box 26238

City or town, state or country, and ZIP + 4

Las Vegas NV 89126

D Employer identification no.

88-0024168

E Telephone number

702-384-7774

F Accounting method: Cash

Accrual Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and are not applicable to section 527 organizations I

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? Yes No

(If "No," attach a list See instr) **N/A**

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **8177**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: **www.herelocal165.org**

J Organization type

(check only one) 501(c) (**5**) < (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return Some states require a complete return.

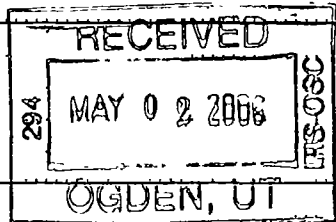
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **1,782,097**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

REVENUE SCANNED JUN 13 2006

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a			
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)			1d	0
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	59,458
3	Membership dues and assessments		See Statement 1	3	1,383,125
4	Interest on savings and temporary cash investments			4	7,192
5	Dividends and interest from securities			5	154
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe _____)			7	
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
		293,926		8a	
b	Less cost or other basis and sales expenses	306,997	457	8b	
c	Gain or (loss) (attach schedule)	-13,071	-457	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))		See Stmt 2 See Stmt 3	8d	-13,528
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	38,242
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	1,474,643

13	Program services (from line 44, column (B))			13	
14	Management and general (from line 44, column (C))			14	
15	Fundraising (from line 44, column (D))			15	
16	Payments to affiliates (attach schedule)			16	
17	Total expenses (add lines 16 and 44, column (A))			17	1,406,956
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	67,687
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	774,645
20	Other changes in net assets or fund balances (attach explanation)			20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	842,332



22 p

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) Stmt 4 (cash \$ <u>44,583</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 44,583			
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24	Benefits paid to or for members (attach schedule) Stmt 5	24 250			
25	Compensation of officers, directors, etc	25 92,809			
26	Other salaries and wages	26 296,795			
27	Pension plan contributions	27 41,542			
28	Other employee benefits	28			
29	Payroll taxes	29 43,299			
30	Professional fundraising fees	30			
31	Accounting fees	31 15,450			
32	Legal fees	32 59,347			
33	Supplies	33 17,967			
34	Telephone	34 10,889			
35	Postage and shipping	35 7,478			
36	Occupancy	36			
37	Equipment rental and maintenance	37 14,265			
38	Printing and publications	38 7,482			
39	Travel	39 4,342			
40	Conferences, conventions, and meetings	40 3,292			
41	Interest	41 37,873			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	See Statement 6	43a 709,293			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,406,956	0	0	0

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► Organization of members

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a To organize union members, improve wages, working conditions and other economic advantages through organization and negotiations.

(Grants and allocations \$ **44,583**) If this amount includes foreign grants, check here ►

1,414,458

b

(Grants and allocations \$) If this amount includes foreign grants, check here ►

c

(Grants and allocations \$) If this amount includes foreign grants, check here ►

d

(Grants and allocations \$) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ►

-7,502

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

1,406,956

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
Assets	45 Cash-non-interest-bearing	70,371	45	129,606	
	46 Savings and temporary cash investments	57,948	46	408,446	
	47a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b	47c		
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments-securities See Statement 7 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		356,671	54	
	55a Investments-land, buildings, and equipment basis	55a	822,323		
	b Less accumulated depreciation (attach schedule) See Statement 8	55b	822,323	55c	822,323
56 Investments-other (attach schedule)			56		
57a Land, buildings, and equipment basis	57a	65,509			
b Less accumulated depreciation (attach schedule) See Statement 9	57b	58,802	57c	65,509	
58 Other assets (describe See Statement 10)		1,907	58	1,450	
59 Total assets (must equal line 74) Add lines 45 through 58		1,368,022	59	1,427,334	
Liabilities	60 Accounts payable and accrued expenses		60		
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe See Statement 11)		593,377	65	586,804
66 Total liabilities. Add lines 60 through 65		593,377	66	586,804	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted		67		
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		774,645	72	842,332
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		774,645	73	842,332
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,368,022	74	1,429,136

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)			
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	N/A		
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
84b			
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	X	
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) orgs. Enter. a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88			
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A , section 4955 N/A		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
	N/A		
89b			
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		
	N/A		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
	N/A		
90a	List the states with which a copy of this return is filed None		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		
	90b 15		
91a	The books are in care of Karen Spudich 4825 W. Nevso Drive Located at Las Vegas, NV		
	Telephone no 702-384-7774		
	ZIP + 4 89126		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	N/A		
91b			X
91c	At any time during the calendar year, did the organization maintain an office outside of the United States?		X
c	If "Yes," enter the name of the foreign country		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
	N/A		
	92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a See Statement 14					59,458
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,383,125
95 Interest on savings and temporary cash investments					7,192
96 Dividends and interest from securities					154
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-13,528
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b See Statement 15					38,242
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	1,474,643
105 Total (add line 104, columns (B), (D), and (E))					1,474,643

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	See Statement 16

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Karen Spudich* Date: **4-26-06**

Type or print name and title: **KAREN Spudich - President**

Paid Preparer's Use Only

Preparer's signature: *Donald R. Layton CPA* Date: **4/06/06** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **Layton Layton & Tobler LLP, CPAs**
606 South Ninth Street
Las Vegas, NV 89101-7013

Preparer's SSN or PTIN (See Gen Instr W): **P00020276**

EIN: **88-0176927**

Phone no: **702-384-1995**

Federal Statements**Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
Dues	\$1,383,139
Reinstatement fees	680
Withdrawal card reinstatement	18
Dues-refunds	<u>-712</u>
Total	<u>\$1,383,125</u>

Federal Statements

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
Publicly Traded Securities								
					\$ 293,926	\$ 306,997		\$ -13,071
Total					<u>\$ 293,926</u>	<u>\$ 306,997</u>	<u>0</u>	<u>\$ -13,071</u>

Statement 3 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
Disposal of Data com headset								
	Purchase	Scrapped	4/01/02	12/31/05		\$ 457		\$ -457
Total					<u>\$ 0</u>	<u>\$ 457</u>	<u>0</u>	<u>\$ -457</u>

Federal Statements

Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantrn	FMV Explantrn
Donations					\$ 8,883	\$			
Donations - political					700				
Joint apprenticeship committee					35,000				
Total					\$ 44,583	\$ 0	\$ 0		

Federal Statements**Statement 5 - Form 990, Part II, Line 24 - Benefits Paid to or for Members**

Description	Amount
Death benefit	\$ 250
Total	<u>\$ 250</u>

Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Allowances	44,734			
Arbitration	9,891			
Association fees	4,271			
Auto expense	12,966			
Auto insurance	7,687			
B.alarm(R&M)	2,323			
Bank service charge (office)	50			
Computer expenses	1,117			
dues and subscription	45			
Executive board allowance	61,063			
Expense reimbursement	2,364			
Flowers and memorials	253			
Grievance payments	124			
Golf tournament	6,460			
Insurance expense	73,873			
Internet fees	325			
Management fees	384			
Meals & entertainment	4,029			
Misc. expense	7,136			
Other taxes	276			
Per capita	454,430			
Promotions	449			
Property taxes	6,324			
Supply for resale	299			
Utilities	8,419			
Rounding	1			
Total	<u>\$ 709,293</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Federal Statements**Statement 7 - Form 990, Part IV, Line 54 - Investments in Securities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
US and State Government Securities	356,671		Cost
	<u>356,671</u>		

Statement 8 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Building	\$ 822,323	\$	\$ 822,323	\$
Total	<u>\$ 822,323</u>	<u>\$ 0</u>	<u>\$ 822,323</u>	<u>\$ 0</u>

Statement 9 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Equipment	\$ 58,802	\$	\$ 65,509	\$
Total	<u>\$ 58,802</u>	<u>\$ 0</u>	<u>\$ 65,509</u>	<u>\$ 0</u>

Statement 10 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Refund due	\$ 457	\$
Security deposits	1,450	1,450
Total	<u>\$ 1,907</u>	<u>\$ 1,450</u>

Statement 11 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Mortgage payable	\$ 593,377	\$ 586,804
Total	<u>\$ 593,377</u>	<u>\$ 586,804</u>

Federal Statements

Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
Terry Greenwald	Las Vegas, NV		Secretary/Tr	40	68,480	11,937	19,037
Karen Spudich	Las Vegas, NV		President	40	59,117	11,937	15,307
Marvin Kaplan	Las Vegas, NV		V.P.	4	0	0	2,325
Jose Cano	Las Vegas, NV		Trustee	2	0	0	0
Sandy Pappageorge	Las Vegas, NV		Trustee	2	0	0	0
Mike Zaproski	Las Vegas, NV		Trustee	2	0	0	0
Mathew M Long	Las Vegas, NV		Labor Concel	2	0	0	1,834
Warren Weber	Las Vegas, NV		Exec. Board	4	0	0	1,500
Michael Williams	Las Vegas, NV		Exec. Board	4	0	0	1,500
Iana Renton-Loebig	Las Vegas, NV		Exec. Board	40	54,917	11,937	10,723
Gregory Venezia	Las Vegas, NV		Exec. Board	4	0	0	1,500
Linda Spica	Las Vegas, NV		Offi Manager	40	43,108	11,937	37
Carole Weber	Las Vegas, NV		Dispatcher	12	10,454	2,189	0
Michael J. Cianci	Las Vegas, NV		Organizer	40	54,717	11,937	10,306
Marianne Hein	Las Vegas, NV		Secretary	40	39,026	11,937	0
Anna Maria Nicholas	Las Vegas, NV		Organizer	40	30,041	9,242	693
Michael Hoffmann	Las Vegas, NV		Bus. Rep.	40	57,467	11,937	9,019

Federal Statements

Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name	Address	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses
Wilbert Berberich		Las Vegas, NV	Exec. Board	2	0	0	1,375
Geoffrey Thomas		Las Vegas, NV	Organizer	40	9,800	3,021	362
Francine Bender		Las Vegas, NV	V.P. (2004)	4	0	0	200

Federal Statements

Statement 13 - Form 990, Part VI, Line 81a - Political Expenditures

Description	Amount
Political contribution	\$ 700
Total	\$ 700

88-0024168

Federal Statements

FYE: 12/31/2005

Statement 14 - Form 990, Part VII, Line 93 - Program Service Revenue

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
Other-bar guide		\$		\$	\$ 7,512
Other-miscellaneous					26,513
Other-pin					152
Registration					17,499
Special assesment					14
Special assessment, buildin					339
Other-books, buttons					1,253
Other-patch					6,156
Shirts					20
Total		\$ 0		\$ 0	\$ 59,458

Statement 15 - Form 990, Part VII, Line 103 - Other Revenue

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
Burial benefit collection		\$		\$	\$ 250
Golf tournament					10,155
Refund bank charges					20
Refunds & reimbursements					18,697
Reimbursed expense					8,387
Security					733
Total		\$ 0		\$ 0	\$ 38,242

Statement 16 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
93a	To organize bartenders in the Southern Nevada area for
94	their mutual benefit to improve working conditions and compensation.
95	To invest excess funds to receive maximum return.
100	To invest excess funds to received maximum return.
103b	Other income received in the normal course of operations.
103c	Other income received in the normal course of operations.